



The City of Hampton Georgia

A wonderful place to visit, a great place to play
and an even better place to call home!



Employee Benefits Handbook

Plan Year October 1, 2016 thru September 30, 2017

Go online and enroll at www.eelect.com

Enrollment ID = **91583** / Employee ID = **SSN**

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ELIGIBILITY

Newly hired full-time employees are eligible for benefits on the first day of the month following 30 days of full-time service. Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian. Dependent children are eligible until the age of 26 years. All group health plans are now required by law to collect and supply to the Centers for Medicare Services the Social Security Numbers (SSN) of both employees and dependents on coverage. Please remember to bring this information with you to your enrollment.

CHANGES

Pre-Tax Deduction of Premiums (Section 125 Plan) - Medical, dental, and vision insurance premiums are all deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until next year unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations). **If you have a status change during the year you must notify the City within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment.** Please contact Tiffany Wilson at (770) 946-4306 if you have any questions regarding the open enrollment period or changes.

MESSAGE FROM MAYOR HUTCHISON



To: All Full Time Employees
From: Mayor Hutchison
Subject: Employee Benefits

The City of Hampton appreciates very much the hard work and dedication of all our employees and we recognize that a quality, comprehensive benefits package is a critical component in retaining skilled and seasoned employees as well as recruiting new talent when needed.

This handbook is provided to you as a quick reference tool for information regarding many features of the various benefit plans offered to our employees. You will find answers to many of your benefit questions in this handbook as well as contact information for a variety of resources.

Thank you for all of your hard work!

Steve Hutchison
Mayor
City of Hampton

CITY COUNCIL MEMBERS



Mary Ann Mitchum
Mayor Pro-tem

Charlie Hearn
Councilman

Henry Byrd
Councilman

Ann Tarpley
Councilman

Marty Meeks
Councilman

Chris Moore
Councilman

Our City Council is composed of six council members and one Mayor. Each position of the City Council is voted on by the citizens of Hampton. The Council meets on the second Tuesday of the month and begin with a workshop starting at 6:00 p.m. followed by a regular meeting starting at 6:30 p.m in the Council Chambers, located at 17 East Main Street South, Hampton, Georgia 30228.

MEDICAL BENEFIT SUMMARY



The City of Hampton offers a BlueCross BlueShield of Georgia (BCBSGA) health plan option. The plan is an **Open Access Point-of-Service (POS)** with a **\$3,500 deductible**. Open access means you *do not* have to select a primary care physician (PCP) nor obtain referrals to visit a specialist. The Plan offers out-of-network coverage but you receive the best value by staying in-network. Under this plan you also have access to PPO providers when traveling outside of Georgia. A summary of the key benefits are listed below.

IN-NETWORK	OA POS
Individual Benefit Period Deductible*	\$3,500
Family Benefit Period Deductible*	\$10,500
Co-Insurance	Plan pays 100% / Member pays 0%
Individual Benefit Period Out-of-Pocket (includes deductible)	\$6,600
Family Benefit Period Out-of-Pocket (includes deductible)	\$13,200
Lifetime Maximum	Unlimited
Primary Care Physician or OB/GYN Visit Co-pay	\$25
Specialist Physician Co-pay	\$50
Urgent Care Center Co-pay	\$60
Emergency Room Co-pay	\$150
OUT-OF-NETWORK	OA POS
Individual Annual Deductible	\$7,000
Family Annual Deductible	\$21,000
Co-Insurance	Plan pays 70% / Member pays 30%
Individual Out-of-Pocket (includes deductible)	\$19,800
Family Out-of-Pocket (includes deductible)	\$39,600
PRESCRIPTION DRUG CO-PAYMENTS	OA POS
Retail Drug - Tier 1 (30 day supply)	\$15
Retail Drug - Tier 2 (30 day supply)	\$35
Retail Drug - Tier 3 (30 day supply)	\$60
Retail Drug – Tier 4 (Specialty Drugs) (30 day supply)	Member pays 20% up to a \$300 max. per prescription drug
Home Delivery Maintenance Drug - Tier 1 (90 day supply)	\$15
Home Delivery Maintenance Drug - Tier 2 (90 day supply)	\$70
Home Delivery Maintenance Drug - Tier 3 (90 day supply)	\$180
Home Delivery Maintenance Drug - Tier 4 (Specialty Drugs) (30 day supply)	Member pays 20% up to a \$300 max. per prescription drug;

*Applied to covered expenses when no co-pay applies. Annual deductible runs calendar year, January 1 thru December 31. Eligible charges during the last three months of a calendar year applied to that year's Deductible can carry over and also apply toward the next year's Deductible.

PLEASE NOTE: A \$50 per month surcharge will be applied to the health insurance premium for any employee and/or covered spouse who have used tobacco products within the past 6 month. There will be a \$100 per month surcharge if both the employee and covered spouse have used tobacco products within the past 6 months.

EMPLOYEE DEDUCTIONS

COVERAGE LEVEL	Weekly Deduction (52/yr)
Employee Only	\$ 0.00
Employee + Spouse	\$ 56.43
Employee + Child(ren)	\$ 50.79
Employee + Family	\$112.86
COVERAGE LEVEL	Bi-Weekly Deduction (26/yr)
Employee Only	\$ 0.00
Employee + Spouse	\$112.86
Employee + Child(ren)	\$101.58
Employee + Family	\$225.72

DETAILED MEDICAL BENEFITS

		OA POS	
		In-Network	Out-of-Network
Covered Services			
Benefit Period Deductible	Employee Family	\$3,500 \$10,500	\$7,000 \$21,000
Coinsurance		Member pays 0% Plan pays 100%	Member pays 30% Plan pays 70%
Benefit Period Out-of-Pocket Max.	Employee Family	\$6,600 \$13,200	\$19,800 \$39,600
(Includes calendar year deductible)			
*Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the family deductible is met, all family members can access coverage for health care expenses. The following do not apply to out-of-pocket maximums: non-covered items and any member cost shares for pharmacy services. The medical copayments on this plan will apply toward the out-of-pocket maximums.			
Lifetime Maximum		Unlimited	Unlimited
Preventive Care			
Routine Preventive Care – All Ages (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits)		Member pays 0% (not subject to deductible)	Member pays 30% after deductible (Deductible waived through age 5)
<ul style="list-style-type: none"> Well-child care, immunizations Periodic health examinations Annual gynecology examinations Prostate Screenings 			
Physician Services			
Physician Office Visits for Illness and Injury (including labs, x-rays, and diagnostic procedures)			Member pays 30% after deductible
<ul style="list-style-type: none"> Primary Care Physician (PCP)* OB/GYN Specialist Physician 		\$25 copay \$25 copay \$50 copay	
*Also applies to services rendered at Retail Health Clinics			
Maternity Physician Services			Member pays 30% after deductible
<ul style="list-style-type: none"> 1st Prenatal visit (covers prenatal, delivery and postpartum services) Global obstetrical care (prenatal, delivery, and postpartum services) 		\$25 copay Member pays 0% after deductible	Member pays 30% after deductible
Telemedicine Services		\$25 copay (PCP) \$50 copay (Specialist)	Member pays 30% after deductible
LiveHealth Online - Online Physician Visit		\$25 copay	Member pays 30% after deductible
Allergy Services			Member pays 30% after deductible
<ul style="list-style-type: none"> Office visits, testing, and the administration of allergy injections Allergy injection serum 		\$25 copay(PCP) \$50 copay (Specialist) Member pays 0% after deductible	Member pays 30% after deductible
Office Surgery (surgery and administration of general anesthesia)		Member pays 0% after deductible	Member pays 30% after deductible
Therapy Services			
Office Therapy Services			Member pays 30% after deductible
<ul style="list-style-type: none"> Physical therapy and Occupational therapy: 20-visit benefit period maximum combined Speech therapy: 20-visit benefit period maximum Chiropractic Care/Manipulation therapy: 20-visit benefit period maximum 		\$25 copay	
Other Therapy Services (chemotherapy, radiation therapy, cardiac rehabilitation [There is no cardiac Rehabilitation visit max on this plan; EHB benchmark plan indicates zero max; authorization required] and respiratory/pulmonary therapy)		Member pays 0% after deductible	Member pays 30% after deductible
Advanced Diagnostic Imaging			
MRI, MRA, CT Scans and PET Scans		Member pays 0% after deductible	Member pays 30% after deductible

DETAILED MEDICAL BENEFITS



	OA POS	
	In-Network	Out-of-Network
Emergency / Urgent Care		
Urgent Care Services	\$60 Copay	Member pays 30% after deductible
Emergency Room Services <ul style="list-style-type: none"> Life-threatening illness or serious accidental injury only The ER copayment will be waived if admitted to the hospital 	\$150 Copay	\$150 Copay
Outpatient		
Outpatient Facility Services <ul style="list-style-type: none"> Surgery facility/hospital charges Diagnostic x-ray and lab services Physician services (anesthesiologist, radiologist, pathologist) 	Member pays 0% after deductible	Member pays 30% after deductible
Inpatient		
Inpatient Facility Services <ul style="list-style-type: none"> Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care Physician services (anesthesiologist, radiologist, pathologist) 	Member pays 0% after deductible	Member pays 30% after deductible
Other Health Care Facilities / Services		
Skilled Nursing Facility <ul style="list-style-type: none"> 30-day benefit period maximum 	Member pays 0% after deductible	Member pays 30% after deductible
Mental Health/Substance Abuse Services (*services must be authorized by calling 1-800-292-2879) <ul style="list-style-type: none"> Inpatient mental health and substance abuse services* (facility and physician fee) Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee) Office mental health and substance abuse services (physician fee) Outpatient mental health and substance abuse services (physician fee) 	Member pays 0% after deductible Member pays 0% after deductible \$25 Copay Member pays 0% after deductible	Member pays 30% after deductible Member pays 30% after deductible Member pays 30% after deductible Member pays 30% after deductible
Home Health Care 120-visit benefit period maximum	\$25 Copay	Member pays 30% after deductible
Hospice Care Services <ul style="list-style-type: none"> Inpatient and outpatient services covered under the hospice treatment program 	Member pays 0% (not subject to deductible)	Member pays 30% after deductible
Durable Medical Equipment (DME)	Member pays 0% after deductible	Member pays 30% after deductible
Ambulance Services (covered when medically necessary)	Member pays 0% after deductible	Member pays 0% after deductible
Prescription Drugs Note: <ul style="list-style-type: none"> If a member receives a brand name drug that falls on Tier 2 or Tier 3 that has a generic equivalent available, the member pays the Tier 1 copay, plus the difference in cost between the brand drug and generic drug. This applies even when physician indicates DAW (dispense as written) or obtains an authorization. All member cost shares (copayments, coinsurance) for pharmacy benefits will apply to the plan Out-Of-Pocket Maximums. Retail and Home Delivery maintenance drug coverage is provided at one of four tier levels in accordance with the Formulary Drug List. Members must file a claim form for reimbursement when using an out-of-network pharmacy. Specialty drugs can only be obtained from a Specialty Pharmacy.		
Retail Drugs – Tier 1 (30 day supply)	\$15 copay	
Retail Drugs – Tier 2 (30 day supply)	\$35 copay	
Retail Drugs – Tier 3 (30 day supply)	\$60 copay	
Retail Drugs – Tier 4 (Specialty Drugs) (30 day supply)	Member pays 20%, up to \$300 maximum per prescription drug	
Home Delivery Maintenance Drugs – Tier 1 (90 day supply)	\$15 copay	
Home Delivery Maintenance Drugs – Tier 2 (90 day supply)	\$70 copay	
Home Delivery Maintenance Drugs – Tier 3 (90 day supply)	\$180 copay	
Home Delivery Maintenance Drugs – Tier 4 (Specialty Drugs) (30 day supply)	Member pays 20%, up to \$300 maximum per prescription drug	



LiveHealth Online

Doctors by your side 24/7. It's easier and faster than a visit to urgent care.

Talk to a doctor — when it's convenient for you. Use your smartphone, tablet or laptop. Just sign up at livehealthonline.com or download the free app.



BlueCross BlueShield
of Georgia

LiveHealth[®]
O N L I N E

Get the health care you need — when you need it

Have a health question? Feeling under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office or urgent care, and then wait to see someone.

In fact, you don't even have to leave your home or office. Doctors can answer questions, make a diagnosis and even prescribe basic medications when needed.¹ All you need is the LiveHealth Online app or a computer with a webcam.²

With LiveHealth Online, you:

- Get immediate 24/7 access to board certified doctors.
- See a doctor through secure and private video chat.
- Can get prescriptions sent directly to your pharmacy, if needed.

When to use LiveHealth Online

Use LiveHealth Online when you have a health concern and don't want to wait. Doctors are available 24/7. Some of the most common uses include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

For a true emergency, call 911 or go to the emergency room.

Don't wait until you're sick — sign up today

Enroll at livehealthonline.com or download the free app, and you're ready to see a doctor.

Activate LiveHealth Online today

Download the app

apple.com



play.google.com/store



Sign up at
livehealthonline.com.

¹ As legally permitted in certain states.

² LiveHealth Online is offered in most states and is expected to grow more in the near future. Visit the home page at LiveHealthOnline.com to see the latest map showing where service is available.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Blue Cross and Blue Shield of Georgia.

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Get help reaching your health goals



Get rewarded for healthy activities!

Earn up to \$150 toward gift cards to national retailers when you participate in the Healthy Lifestyles program.

Whether you want to lose weight, eat healthier, exercise more or just feel better, Healthy Lifestyles has the online tools, resources and support you need to set personal goals, keep track of your progress and earn points towards rewards. Each adult family member can earn up to \$150 each year. Members earn a \$50 gift card at the 3,000, 5,000 and 10,000 point milestones.

You can quickly achieve their first milestone of 3,000 points by completing the Well-Being Assessment and setting up a Well-Being Plan online. Earn 500 points when you track your weight at least 10 times per quarter, and earn 1000 points when you track any two of the following at least 10 times per quarter: smoking, food, exercise, servings and steps. Complete two of the four events.

There are many simple ways to earn points in Healthy Lifestyles

Complete your Well-Being Assessment	2,500 annually
Set up your Well-Being Plan	500 annually
Track your weight Earn points when you track your weight 10 times every 90 days	500 every 90 days
Track activities Earn points when you track any two of the following at least 10 times: Smoking cessation, food, exercise, servings and steps	1000 every 90 days
Advance a focus area	1000 every 90 days
Make a journal entry	10 a day
Create an inspiration	250 every 90 days
Use our resource center Earn points when you track your weight 10 times every 90 days	10 a day

The gift cards are processed through Hallmark® and members are notified by mail on how to redeem their reward. This process can take a few weeks after the milestone is reached. Once Hallmark processes the activity, a Premier Choice Award (PCA) letter is mailed to the participant. This can take 7-10 business days. The letter provides instructions on how to redeem online or by mail.

To learn more and complete the Well-Being Assessment, visit the website listed on your ID card, go to the *Health & Wellness* page and select **Healthy Lifestyles**.

“I want my clothes to fit better”

With your personalized Well-Being Plan, you can meet your fitness or weight-loss goals. Plus, take advantage of online:

- Fitness tracking.
- Food tracking.
- Coaching and support.

“I want to quit smoking for good”

You can learn how to become tobacco free with access to:

- QuitNet online tools.
- Support from others who are quitting.
- A quitting guide and other resources.

“I want to live a healthier life”

Use the online Well-Being Assessment to see where you stand — and know what you can do to be healthier. You have unlimited access to:

- Healthy recipes.
- Educational articles.
- Nutrition trackers.
- A smoking cessation program.
- Online chats with a health coach.



BlueCross BlueShield
of Georgia

DENTAL BENEFIT SUMMARY



YOUR DENTAL PLAN AT A GLANCE		Participating Dentist		Dentist
Annual Benefit Maximum • Per insured person		Calendar Year		
		\$1,000		\$1,000
Annual Maximum Carryover		No		No
Orthodontic Lifetime Benefit Maximum • Per eligible insured person		\$1,000		\$1,000
Annual Deductible (The deductible does not apply to Orthodontic Services) • Per insured person • Family maximum		Calendar Year		
		\$50 3 x individual (\$150)		\$50 3 x individual (\$150)
Deductible Waived for Diagnostic/Preventive Services		Yes		No
Nonparticipating Provider Reimbursement Options:		90 th percentile		
Dental Services		Participating Dentist BCBSGA Pays:	Nonparticipating Dentist BCBSGA Pays:	Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays: 1 x per 12 months • Intraoral X-rays		100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services • Amalgam (silver-colored) Filling • Front composite (tooth-colored) Filling • Back composite Filling, Alternated to Amalgam Benefit • Simple Extractions		80% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics • Root Canal		80% Coinsurance	80% Coinsurance	No Waiting Period
Periodontics • Scaling and root planning		80% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery • Surgical Extractions		80% Coinsurance	80% Coinsurance	No Waiting Period
Major Services • Crowns		60% Coinsurance	60% Coinsurance	No Waiting Period
Prosthodontics • Dentures • Bridges • Dental Implants Not Covered		60% Coinsurance	60% Coinsurance	No Waiting Period
Prosthetic Repairs/Adjustments		80% Coinsurance	80% Coinsurance	No Waiting Period
Orthodontic Services • Dependent Children Only*		50% Coinsurance	50% Coinsurance	No Waiting Period

*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

EMPLOYEE DEDUCTIONS

COVERAGE LEVEL	Weekly Deduction (52/year)
Employee Only	\$ 0.00
Employee + Spouse	\$ 8.74
Employee + Child(ren)	\$ 8.44
Employee + Family	\$18.47
COVERAGE LEVEL	Bi-Weekly Deduction (26/year)
Employee Only	\$ 0.00
Employee + Spouse	\$17.48
Employee + Child(ren)	\$16.88
Employee + Family	\$36.94



VISION BENEFIT SUMMARY

	In-Network	Out-of-Network
Routine eye exam - Once every calendar year	\$10 copay	\$30 allowance
Eyeglass frames - One pair every two calendar years	\$130 allowance, then 20% off any remaining balance	\$45 allowance
Eyeglass lenses - One pair every calendar year in standard plastic with choice of the following options: Single vision lenses Bifocal lenses Trifocal lenses	\$25 copay \$25 copay \$25 copay	\$25 allowance \$40 allowance \$55 allowance
Eyeglass lens enhancements When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the following lens enhancements at no extra cost. <i>Transitions™</i> Lenses (for a child under age 19) Standard Polycarbonate (for a child under age 19) Factory Scratch Coating	\$0 after eyeglass lens copay	No allowance on lens enhancements when obtained out-of-network
Contact Lenses Once every calendar year ° Elective Conventional Lenses; or Instead of eyeglass lenses ° Elective Disposable Lenses; or ° Non-Elective Contact Lenses	\$130 allowance, then 15% off any remaining balance \$130 allowance (no additional discount) Covered in full	\$105 allowance \$105 allowance \$210 allowance
Additional Savings Available From In-Network Providers (Discounts subject to change)	In-network Member Cost (after any applicable copay)	
Retinal Imaging	° At member's option can be performed at time of eye exam	Not More than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	° <i>Transitions™</i> lenses (Adults) ° Standard Polycarbonate (Adults) ° Tint (Solid and Gradient) ° UV Coating ° Progressive Lenses ° Standard ° Premium Tier 1 ° Premium Tier 2 ° Premium Tier 3 ° Anti-Reflective Coating ° Standard ° Premium Tier 1 ° Premium Tier 2 ° Other Add-ons and Services	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	° Complete Pair ° Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	° Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up Available following a comprehensive eye exam	° Standard contact lens fitting ° Premium contact lens fitting	Up to \$55 10% off retail price
Conventional Contact Lenses	° Discount applies to materials only	15% off retail price
Additional Savings Available through Our Special Offers Program Members can take advantage of savings opportunities from dozens of vendors on a variety of products and services, including LASIK vision surgery, hearing services and aids, wellness products, weight loss programs, fitness memberships, elder care services, 1-800-CONTACTS® and much more.		

EMPLOYEE DEDUCTIONS

COVERAGE LEVEL	Weekly Deduction (52/year)	Bi-Weekly Deduction (26/year)
Employee Only	\$1.92	\$ 3.84
Employee + Spouse	\$3.36	\$ 6.72
Employee + Child(ren)	\$3.65	\$ 7.30
Employee + Family	\$5.57	\$11.14

Below is a brief description of the City of Hampton's group life insurance coverage underwritten by **OneAmerica**. **The City of Hampton pays 100% of the cost for your Basic Life and AD&D insurance.** The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. The certificate will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.



All Full-Time Employees

Life Insurance Amount: **\$15,000**

**Accidental Death
and Dismemberment
Amount (AD&D):** **\$15,000**

Reductions Schedule: Life and AD&D insurance reduces by 35% at age 65, 50% at age 70, and terminates at retirement.

Cost: **100% City paid**

Accidental Death and Dismemberment: While insured under the policy, if the employee has an accident which results in a specified loss, OneAmerica will pay the amount for such loss; provided the loss occurs within 365 days of the accident and OneAmerica receives acceptable proof of loss.

Accelerated Life Benefit: The employee may request payment of 25%, 50% or 75% of the Life Amount shown above if the employee is diagnosed with a terminal condition, as defined in the certificate of insurance.

Waiver of Premium (If Disabled): OneAmerica will waive further premium payments for the employee's life amount if the employee becomes totally disabled before age 60 while insured under the policy and remains continuously totally disabled for 9 months, and submits proof of total disability. There is a 24-month limitation on waiver of premium if the total disability is due to a mental illness and/or drug and alcohol abuse.

Conversion: If the employee's life Insurance or a portion of it ceases, the employee may be entitled to a conversion policy. The employee can contact OneAmerica, or refer to his or her certificate of insurance for specific details of this provision.

Actively at Work: Your life insurance policy will terminate if you have not been **ACTIVELY AT WORK** within the last **nine months**. To continue coverage you must elect a portability or conversion option with 31 days of your coverage terminating.

**Basic Life Insurance and AD&D certificate available upon request*

Life Insurance Amount:

Employee: Increments of \$10,000 to a maximum of \$500,000.
Not to exceed five times annual salary.

Spouse: Increments of \$5,000 to a maximum of \$250,000.(Spouse benefits terminate at age 70)

Child: \$5,000 or \$10,000

Note: Spouse and Child Life amount cannot exceed 50% of employee's covered amount.



Guaranteed Issue Amounts *(Available at initial offering only)*

Employee: \$100,000

Spouse: \$ 25,000

Child: \$ 10,000

Accidental Death and Dismemberment (AD&D): Matches Life Amount

AD&D insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. The benefit amount is equal to the life amount elected by you. Cost included in the rates below.

Benefit Reduction Schedule:

Coverage will reduce upon reaching certain ages as follows:

Employee's age when reduction occurs	70	75	80	85	90
Percent of life amount Remaining	45%	30%	20%	15%	10%

Conversion Privilege:

An employee may convert Group Term Life benefits to an individual whole life policy during the 31 day period following the date insurance terminates solely as a result of termination of employment or service; or policy change affecting the employee's class he conversion will be offered without evidence of insurability. Required premiums must be received within the 31 day period following termination of employment or reduction of benefits.

Accelerated Life Benefit:

If you are permanently and totally disabled and are diagnosed with a terminal condition and are eligible for benefits under this section, You may apply for payment of the accelerated life benefit. The amount of accelerated life benefit available is shown in the schedule of benefits, unless any portion of your life amount has already been paid. The amount of accelerated life benefit available will then be based on the amount remaining after payment of any portion of the life amount. Benefits will be paid in one lump sum to you.

SUPPLEMENTAL TERM LIFE and AD&D RATES



Shaded areas require evidence of insurability (medical questionnaire)

EMPLOYEE LIFE and AD&D OPTIONS*						WEEKLY RATES (52/Year)				
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.28	\$0.39	\$0.48	\$0.69	\$1.02	\$1.50	\$2.49	\$3.00	\$4.18	\$9.69
\$20,000	\$0.55	\$0.78	\$0.97	\$1.38	\$2.03	\$3.00	\$4.98	\$6.00	\$8.35	\$19.38
\$30,000	\$0.83	\$1.18	\$1.45	\$2.08	\$3.05	\$4.50	\$7.48	\$9.00	\$12.53	\$29.08
\$40,000	\$1.11	\$1.57	\$1.94	\$2.77	\$4.06	\$6.00	\$9.97	\$12.00	\$16.71	\$38.77
\$50,000	\$1.38	\$1.96	\$2.42	\$3.46	\$5.08	\$7.50	\$12.46	\$15.00	\$20.88	\$48.46
\$60,000	\$1.66	\$2.35	\$2.91	\$4.15	\$6.09	\$9.00	\$14.95	\$18.00	\$25.06	\$58.15
\$70,000	\$1.94	\$2.75	\$3.39	\$4.85	\$7.11	\$10.50	\$17.45	\$21.00	\$29.24	\$67.85
\$80,000	\$2.22	\$3.14	\$3.88	\$5.54	\$8.12	\$12.00	\$19.94	\$24.00	\$33.42	\$77.54
\$90,000	\$2.49	\$3.53	\$4.36	\$6.23	\$9.14	\$13.50	\$22.43	\$27.00	\$37.59	\$87.23
\$100,000	\$2.77	\$3.92	\$4.85	\$6.92	\$10.15	\$15.00	\$24.92	\$30.00	\$41.77	\$96.92
\$110,000	\$3.05	\$4.32	\$5.33	\$7.62	\$11.17	\$16.50	\$27.42	\$33.00	\$45.95	\$106.62
\$120,000	\$3.32	\$4.71	\$5.82	\$8.31	\$12.18	\$18.00	\$29.91	\$36.00	\$50.12	\$116.31
\$130,000	\$3.60	\$5.10	\$6.30	\$9.00	\$13.20	\$19.50	\$32.40	\$39.00	\$54.30	\$126.00
\$140,000	\$3.88	\$5.49	\$6.78	\$9.69	\$14.22	\$21.00	\$34.89	\$42.00	\$58.48	\$135.69
\$150,000	\$4.15	\$5.88	\$7.27	\$10.38	\$15.23	\$22.50	\$37.38	\$45.00	\$62.65	\$145.38
\$200,000	\$5.54	\$7.85	\$9.69	\$13.85	\$20.31	\$30.00	\$49.85	\$60.00	\$83.54	\$193.85
\$250,000	\$6.92	\$9.81	\$12.12	\$17.31	\$25.38	\$37.50	\$62.31	\$75.00	\$104.42	\$242.31
\$500,000	\$13.85	\$19.62	\$24.23	\$34.62	\$50.77	\$75.00	\$124.62	\$150.00	\$208.85	\$484.62

SPOUSE LIFE and AD&D OPTIONS*						WEEKLY RATES (52/Year)			
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.14	\$0.20	\$0.24	\$0.35	\$0.51	\$0.75	\$1.25	\$1.50	\$2.09
\$10,000	\$0.28	\$0.39	\$0.48	\$0.69	\$1.02	\$1.50	\$2.49	\$3.00	\$4.18
\$15,000	\$0.42	\$0.59	\$0.73	\$1.04	\$1.52	\$2.25	\$3.74	\$4.50	\$6.27
\$20,000	\$0.55	\$0.78	\$0.97	\$1.38	\$2.03	\$3.00	\$4.98	\$6.00	\$8.35
\$25,000	\$0.69	\$0.98	\$1.21	\$1.73	\$2.54	\$3.75	\$6.23	\$7.50	\$10.44
\$30,000	\$0.83	\$1.18	\$1.45	\$2.08	\$3.05	\$4.50	\$7.48	\$9.00	\$12.53
\$35,000	\$0.97	\$1.37	\$1.70	\$2.42	\$3.55	\$5.25	\$8.72	\$10.50	\$14.62
\$40,000	\$1.11	\$1.57	\$1.94	\$2.77	\$4.06	\$6.00	\$9.97	\$12.00	\$16.71
\$45,000	\$1.25	\$1.77	\$2.18	\$3.12	\$4.57	\$6.75	\$11.22	\$13.50	\$18.80
\$50,000	\$1.38	\$1.96	\$2.42	\$3.46	\$5.08	\$7.50	\$12.46	\$15.00	\$20.88
\$55,000	\$1.52	\$2.16	\$2.67	\$3.81	\$5.58	\$8.25	\$13.71	\$16.50	\$22.97
\$60,000	\$1.66	\$2.35	\$2.91	\$4.15	\$6.09	\$9.00	\$14.95	\$18.00	\$25.06
\$65,000	\$1.80	\$2.55	\$3.15	\$4.50	\$6.60	\$9.75	\$16.20	\$19.50	\$27.15
\$70,000	\$1.94	\$2.75	\$3.39	\$4.85	\$7.11	\$10.50	\$17.45	\$21.00	\$29.24
\$75,000	\$2.08	\$2.94	\$3.63	\$5.19	\$7.62	\$11.25	\$18.69	\$22.50	\$31.33
\$80,000	\$2.22	\$3.14	\$3.88	\$5.54	\$8.12	\$12.00	\$19.94	\$24.00	\$33.42
\$85,000	\$2.35	\$3.33	\$4.12	\$5.88	\$8.63	\$12.75	\$21.18	\$25.50	\$35.50
\$90,000	\$2.49	\$3.53	\$4.36	\$6.23	\$9.14	\$13.50	\$22.43	\$27.00	\$37.59
\$95,000	\$2.63	\$3.73	\$4.60	\$6.58	\$9.65	\$14.25	\$23.68	\$28.50	\$39.68
\$100,000	\$2.77	\$3.92	\$4.85	\$6.92	\$10.15	\$15.00	\$24.92	\$30.00	\$41.77

DEPENDENT CHILD(ren) LIFE and AD&D OPTIONS*		WEEKLY RATES (52/Year)	
\$10,000 - \$0.64			



SUPPLEMENTAL TERM LIFE and AD&D RATES

Shaded areas require evidence of insurability (medical questionnaire)

EMPLOYEE LIFE and AD&D OPTIONS*						Bi-WEEKLY RATES (26/Year)				
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.55	\$0.78	\$0.97	\$1.38	\$2.03	\$3.00	\$4.98	\$6.00	\$8.35	\$19.38
\$20,000	\$1.11	\$1.57	\$1.94	\$2.77	\$4.06	\$6.00	\$9.97	\$12.00	\$16.71	\$38.77
\$30,000	\$1.66	\$2.35	\$2.91	\$4.15	\$6.09	\$9.00	\$14.95	\$18.00	\$25.06	\$58.15
\$40,000	\$2.22	\$3.14	\$3.88	\$5.54	\$8.12	\$12.00	\$19.94	\$24.00	\$33.42	\$77.54
\$50,000	\$2.77	\$3.92	\$4.85	\$6.92	\$10.15	\$15.00	\$24.92	\$30.00	\$41.77	\$96.92
\$60,000	\$3.32	\$4.71	\$5.82	\$8.31	\$12.18	\$18.00	\$29.91	\$36.00	\$50.12	\$116.31
\$70,000	\$3.88	\$5.49	\$6.78	\$9.69	\$14.22	\$21.00	\$34.89	\$42.00	\$58.48	\$135.69
\$80,000	\$4.43	\$6.28	\$7.75	\$11.08	\$16.25	\$24.00	\$39.88	\$48.00	\$66.83	\$155.08
\$90,000	\$4.98	\$7.06	\$8.72	\$12.46	\$18.28	\$27.00	\$44.86	\$54.00	\$75.18	\$174.46
\$100,000	\$5.54	\$7.85	\$9.69	\$13.85	\$20.31	\$30.00	\$49.85	\$60.00	\$83.54	\$193.85
\$110,000	\$6.09	\$8.63	\$10.66	\$15.23	\$22.34	\$33.00	\$54.83	\$66.00	\$91.89	\$213.23
\$120,000	\$6.65	\$9.42	\$11.63	\$16.62	\$24.37	\$36.00	\$59.82	\$72.00	\$100.25	\$232.62
\$130,000	\$7.20	\$10.20	\$12.60	\$18.00	\$26.40	\$39.00	\$64.80	\$78.00	\$108.60	\$252.00
\$140,000	\$7.75	\$10.98	\$13.57	\$19.38	\$28.43	\$42.00	\$69.78	\$84.00	\$116.95	\$271.38
\$150,000	\$8.31	\$11.77	\$14.54	\$20.77	\$30.46	\$45.00	\$74.77	\$90.00	\$125.31	\$290.77
\$200,000	\$11.08	\$15.69	\$19.38	\$27.69	\$40.62	\$60.00	\$99.69	\$120.00	\$167.08	\$387.69
\$250,000	\$13.85	\$19.62	\$24.23	\$34.62	\$50.77	\$75.00	\$124.62	\$150.00	\$208.85	\$484.62
\$500,000	\$27.69	\$39.23	\$48.46	\$69.23	\$101.54	\$150.00	\$249.23	\$300.00	\$417.69	\$969.23

SPOUSE LIFE and AD&D OPTIONS*						Bi- WEEKLY RATES (26/Year)			
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.28	\$0.39	\$0.48	\$0.69	\$1.02	\$1.50	\$2.49	\$3.00	\$4.18
\$10,000	\$0.55	\$0.78	\$0.97	\$1.38	\$2.03	\$3.00	\$4.98	\$6.00	\$8.35
\$15,000	\$0.83	\$1.18	\$1.45	\$2.08	\$3.05	\$4.50	\$7.48	\$9.00	\$12.53
\$20,000	\$1.11	\$1.57	\$1.94	\$2.77	\$4.06	\$6.00	\$9.97	\$12.00	\$16.71
\$25,000	\$1.38	\$1.96	\$2.42	\$3.46	\$5.08	\$7.50	\$12.46	\$15.00	\$20.88
\$30,000	\$1.66	\$2.35	\$2.91	\$4.15	\$6.09	\$9.00	\$14.95	\$18.00	\$25.06
\$35,000	\$1.94	\$2.75	\$3.39	\$4.85	\$7.11	\$10.50	\$17.45	\$21.00	\$29.24
\$40,000	\$2.22	\$3.14	\$3.88	\$5.54	\$8.12	\$12.00	\$19.94	\$24.00	\$33.42
\$45,000	\$2.49	\$3.53	\$4.36	\$6.23	\$9.14	\$13.50	\$22.43	\$27.00	\$37.59
\$50,000	\$2.77	\$3.92	\$4.85	\$6.92	\$10.15	\$15.00	\$24.92	\$30.00	\$41.77
\$55,000	\$3.05	\$4.32	\$5.33	\$7.62	\$11.17	\$16.50	\$27.42	\$33.00	\$45.95
\$60,000	\$3.32	\$4.71	\$5.82	\$8.31	\$12.18	\$18.00	\$29.91	\$36.00	\$50.12
\$65,000	\$3.60	\$5.10	\$6.30	\$9.00	\$13.20	\$19.50	\$32.40	\$39.00	\$54.30
\$70,000	\$3.88	\$5.49	\$6.78	\$9.69	\$14.22	\$21.00	\$34.89	\$42.00	\$58.48
\$75,000	\$4.15	\$5.88	\$7.27	\$10.38	\$15.23	\$22.50	\$37.38	\$45.00	\$62.65
\$80,000	\$4.43	\$6.28	\$7.75	\$11.08	\$16.25	\$24.00	\$39.88	\$48.00	\$66.83
\$85,000	\$4.71	\$6.67	\$8.24	\$11.77	\$17.26	\$25.50	\$42.37	\$51.00	\$71.01
\$90,000	\$4.98	\$7.06	\$8.72	\$12.46	\$18.28	\$27.00	\$44.86	\$54.00	\$75.18
\$95,000	\$5.26	\$7.45	\$9.21	\$13.15	\$19.29	\$28.50	\$47.35	\$57.00	\$79.36
\$100,000	\$5.54	\$7.85	\$9.69	\$13.85	\$20.31	\$30.00	\$49.85	\$60.00	\$83.54

DEPENDENT CHILD(ren) LIFE and AD&D OPTIONS*		Bi- WEEKLY RATES (26/Year)	
\$10,000	-	\$1.28	

Employee Assistance Program (EAP)

What is an EAP?

An EAP is a confidential, worksite-based program designed to assist both employees and employers. An EAP provides assessment and referral — in person and over the phone — for personal matters. Each eligible employee¹, along with each eligible employee's dependents, is entitled to three visits (or sessions) free-of-charge per calendar year. Also, telephone intakes and information calls regarding EAP services are free and unlimited.

Who is EAPC?

EAP services are provided through EAP Consultants, Inc. (EAPC). EAPC is a private company with a diverse network of licensed professionals, including clinical providers and consultants. All EAP services are completely confidential pursuant to current US laws and regulations.

EAPC's services include access to highly experienced clinical providers that include licensed psychologists, clinical social workers, professional counselors, marriage and family therapists and alcohol and drug counselors. Consultants include attorneys, financial advisors and elder care and child care specialists. EAPC also offers online services to fit a wider array of needs.

EAP professionals will help employees identify and clarify concerns and develop a plan of action to create solutions that work. If additional assistance is needed, EAPC will assist employees in finding resources that may be covered by their insurance and meet their financial capabilities.

For detailed information, contact EAP Consultants, Inc. at **1-800-869-0276**. To confidentially request services online, visit the member access page at www.eapconsultants.com. The password is OneAmericaEAP.

1. Employee eligibility based upon contract terms. Contact your employer for EAPC's eligibility requirements. All services must be arranged by EAPC who is wholly responsible for provision and administration of the EAP.

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Assessment and referral services

Personal concerns

- Stress
- Crisis
- Psychiatric disorders
- Medical problems
- Work-related difficulties
- Marital & family issues
- Emotional concerns
- Relationship issues
- Life adjustments
- Alcohol & drug problems

Online services

- Stress management course
- Legal/financial library
 - Legal/financial articles
 - Sample legal documents
- Smoking cessation program
- Identity theft resources
- Behavioral health library
 - Information on numerous life issues
- Wellness information
- Depression and substance abuse screenings

Childcare

- Assess childcare needs and explore care options
- Adoption resources
- Referrals for an array of childcare arrangements, camps and schools

Eldercare

- Resources and referral for both public and private eldercare facilities
- Consultation on evaluation of facilities

Legal

- Consultation provided for an array of legal issues, including family law, housing and real estate and estate planning
- Simple will prepared at no cost
- 25% discount on standard attorney hourly rate for services rendered beyond scope of EAP

Financial

- Financial planning
- Retirement planning
- Investment strategies
- Money management

Academic resources

- SAT and other testing resources
- Tutors
- College planning guides
- Sources of financial assistance

Pet services

- Referrals for breeders, kennels, veterinarians, etc.
- Pet services guide

EAPC is neither affiliated nor under common control with OneAmerica or AUL, and AUL only markets EAPC products.

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G-23380 03/14/13

Travel Assistance Services provided by Europ Assistance USA

Emergencies can happen away from home – now there are certain services available when you travel. When an emergency occurs, especially when traveling, you need help that is fast and simple.

With a phone call to Europ Assistance USA (EA USA)¹, covered persons have access to worldwide 24-hour medical and transportation services when traveling, business or personal, 100 or more miles away from home during a covered trip at no additional premium cost to the covered policyholder.²

What is a covered person?

A covered person² is an individual who receives coverage under a covered policyholder's AUL group life insurance contract and the individual's spouse, domestic partner and children. The Travel Assistance benefit applies to covered persons who are traveling 100 miles or more away from home during a covered trip.

What is a covered trip?

A covered trip is defined as a business or pleasure trip of not more than 90 days in length. EA USA offers and administers the program and services in most countries.³

EA USA can also provide Pre-Trip Assistance services to help prepare and plan for a covered person's trip.



For more information on the services offered under EA USA's Travel Assistance program, an EA USA representative can be contacted at 1-866-294-2469 or via e-mail at OPS@europassistance-usa.com.

¹ EA USA is neither affiliated nor under common control with OneAmerica or AUL, and AUL only markets the EA USA program.

² A covered person does not include an individual who has been approved for continuation of insurance or portability benefits, an individual insured under AUL's 2+ Protector contract or an individual insured under AUL's Voluntary Universal Life insurance contract. The program and services are not offered or available to individuals who are not covered persons and may be terminated or discontinued at any time.

³ However, conditions and events such as force majeure, war, natural disasters or political instability may occur or exist that render assistance and services difficult or impossible in some areas. Therefore, availability of services cannot always be guaranteed or offered.

Products and financial services provided by

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One American Square, P.O. Box 368 | Indianapolis, IN 46206-0368 | (317) 285-1877 | www.oneamerica.com

Covered persons have access to numerous travel assistance services⁴ offered by EA USA, and these services are further outlined in EA USA's brochure.⁵ For more information, please visit EA USA's Website at www.europassistance-usa.com.

Should a covered person desire to utilize the travel assistance services of EA USA, the covered person will first need to do the following:

1. From the United States and Canada, call an EA USA representative at the dedicated toll-free line at 1-866-294-2469.
2. From other locations, please call collect at +1 240 330 1509. Provide contact name and phone number of the covered policyholder.
3. Allow EA USA to verify the covered person's eligibility.

Travel emergencies
can happen any time,
EA USA is there.

⁴ Neither EA USA nor AUL shall have responsibility for the nature, content or quality of any medical advice or legal counsel given by any medical professional or attorney, nor shall EA USA or AUL be liable for the negligence or other wrongful acts or omissions of any healthcare or legal professionals providing direct services to covered persons.

⁵ Eligibility must always first be verified by EA USA through the covered policyholder's designated contact.

CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

GEORGIA - Medicaid
Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

HIPAA NOTICE OF PRIVACY PRACTICES

For employers who have enacted HIPAA Privacy Policies and Procedures, including those who receive Protected Health Information (PHI) and those who sponsor an FSA or HRA, an initial Notice of Privacy Practices was to have been provided to all plan participants at the adoption of the Policies and Procedures. Additionally, the notice must be given to new enrollees in the plan and the participants must be made aware of the availability of and how to obtain the Notice of Privacy Practices at least once every three years.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

CITY OF HAMPTON HEALTH PLAN

Introduction

You are receiving this notice because you have recently become eligible for the City of Hampton health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **City of Hampton, Tiffany Wilson, 17 East Main Street South, Hampton, GA 30228.**

CONTINUATION COVERAGE RIGHTS UNDER COBRA

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Information about the plan and COBRA continuation coverage can be obtained on request from:

City of Hampton
Tiffany Wilson
17 East Main Street South
Hampton, GA 30228
Tel: 770-946-4306

BENEFIT ELECTIONS and COSTS

You may use this form to record your benefit elections and costs.

Type of Benefit	Benefit Plan	Coverage Level / Coverage Amount	Deduction Amount
Medical			
Dental			
Vision			
Basic Life and AD&D Insurance*	100% Employer Paid		\$0.00
Supplemental Term Life and AD&D Insurance**			
Supplemental Spousal Life and AD&D Insurance			
Supplemental Dependent Life and AD&D Insurance			
Total Per Pay Cost:			
Total Annual Cost:			

***Reductions in Basic Life Insurance:** Benefits are reduced to 65% at age 65 and to 50% at age 70. Coverage is discontinued at termination of employment or retirement.

****Reductions in Supplemental Life Insurance:** Benefits are reduced to 45% at age 70, 30% at age 75, 20% at age 80, 15% at age 85 and to 10% at age 90.

NOTES

[illegible]

IMPORTANT CONTACT INFORMATION

CITY of HAMPTON

Deputy Clerk / Personnel Officer
Tiffany Wilson
770-946-4306
twilson@hamptonga.gov

MEDICAL / DENTAL PLANS

BlueCross and BlueShield of Georgia
Customer Service
Tel: 855-397-9267
Mail Order Prescriptions
Tel: 800-293-2202
Mental Health/Substance Abuse
Tel: 800-292-2879
BCBSGA COBRA Department
Tel: 866-800-2272
www.bcbsga.com

MSI BENEFITS GROUP, INC.

Administrative Contact
Tel: 770-425-1231 / 800-580-1629
Fax: 770-425-4722 / 800-580-2675
www.msibenefitsgroup.com

VISION PLAN

BlueCross and BlueShield of Georgia
Customer Service
Tel: 866-723-0515
www.bcbsga.com
1-800 CONTACTS
www.1800contacts.com

LIFE INSURANCE

One America
Life: 800-553-5318
www.oneamerica.com



MSI Benefits Group
245 TownPark Drive, Suite 100
Kennesaw, GA 30144
Tel: 800-580-1629 / 770-425-1231
Fax: 800-580-2675 / 770-425-4722
www.msibenefitsgroup.com